V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 59	15-
1. PLACE OF DEATH	(210-m)	
County Howard	Registration Dist. No. 191	
Village or City West Friendship	NoSt.,	Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and nur	
2. FULL NAME Lorew achor	If U. S. Veteran, specify WAR	
(a) Residence: No. Fort Howard Mef. (Usual place of abode)	St., Ward. A financesident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (washe tha word)	21. DATE OF DEATH (Month) (Day)	193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended da	ceased from
6. DATE OF BIRTH (month, day, and year) Jaw: 9, 1884	1 last saw have androd 1-1,1937;	daath is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 1.22 P.m.	
52 11 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fractured Skull	-1-37
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Data deceased last worked at this occupation (month and aut), 1939 spent in this occupation		
1 11	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) ayrehung (Stata or country) Ohio	Cuito Cuitatus	(-) -3
13. NAME lenkerown		
4. BIRTHPLACE (city or town)	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Was there an auto	opsy? NO
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:	22
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury 1-1 Where did injury occur? Must Fruit delip, Howa	195/
17. INFORMANT Company C 12" luf.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) Aut Howard, well 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury auto accident	
Place Marlinwelle, Ohio Date 1-5, 1937	Nature of injury Fractures Skull	
19. UNDERTAKER TO Stig involvance fr.	24. Was disease or injuryan any way ralated to occupation of deceased?	us
- (Address) Elelevit City mich	If so, specify	An
20. FILED Jan 2. , 1937 John B. Loughnan.	(Signed) The Market Court of the Court of th	8 x16:
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inning engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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xact statement of OCCUPA.

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MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. E	TION is very important. See instructions on back of certificate.
<u>-</u> 4	I	(V)	d	ce
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KV.	II-J	pluoi	may	back
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V. S. No. 1	1	m	O	T
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 596
1. PLACE OF DEATH	97)
County Noward	Registration Dist. No. 2
Village or City Clarkirle, Ind.	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John anderson	If U. S. Veteran, specify WAR
(a) Residence: No. Clarksinlle, mel. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Fear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Dec . 6 1843	1921 sew ham alive on Law 7 1921; death is said
6. DATE OF BIRTH (month, day, end year) W Le · 6 /8 3 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
@ 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trade, profession, or particular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 1/3 6 spent in this occupation series)	
to DIPTINI OF City of August 1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	Orun Towner.
13. NAME Hausan anderson	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Marylane!	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Catherine Walthur	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
(State or country) Met.	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT Neury Howard (Address) (Clarksville We)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO	Manner of Injury
Place Hopkins Chape Date 1-10, 19.37	Nature of infury
19. UNDERTAKER TO begulothou To	24. Was disease or injury In any way related to occupation of deceesed? 200
(numers) Ellian elli mel	If so, specify
20. FILED 19.3.7. 19.3.7. Resistar.	(Signed) M. D. (Address) Classification M. D.
If more blanks are needed, address State Registrar.	2411 N Charles Street Bellimore Requesting TI S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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portance:

1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 597
1. PLACE OF PEATH	108
County I towards	Registration Dist. No. 195
Village or City Surford	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. il of foreign birth?
2. FULL NAME James fellfort Dery	If U. S. Veteran, specify WAR
(a) Residence: No. Jumpolfs	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. BEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the worth)	(Month) (Day) (Year)
5a. 11 married, wildowed, or divorced HUSBAND of (or) WIFE of Way aret Cole Regger	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Lange elive on
7. AGE Years Months Days If LESS than	to heve occurred on the data statad above, at \$m.
6 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as-follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Relativel for Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc 10: Date deceased last worked at this occupation (month and this program) and the program of the progra	Greenows 1-4-31
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	
10: Date deceased last worked at this occupetion (month and) 4/3 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Catousully	Other Contributory Causes of Importance:
(State or country) May Cure	Cardonnel O. 7928
13. NAME CLEVACUED , BORGED 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date o1
(State of Country)	What test confirmed diagnosis? Was there an autopsy
15. MAIOEN NAME / Ary Chur allbort, 16. BIRTHPLACE (city or town)	23. Il death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Occupant	Accident, suicide, or homicide?
South to the	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT / Res. Surger (Addrass)	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVED	Mannar ol Injury
Place Direct Multiplate T., 193	Nature ol injury
19. UNDERTAKED CASLOW ASOLIS (Additional Control of Con	24. Wes disease or injury In any way related to occupation of deceased? 24.
20. FILED 1 4 / 37: 19 Mark Shipley	(Signad) Alama M. D. (Address) Lawrence Conf.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EB 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
804			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every item of infor-ALY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING N. B.-WRITE PL. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 598
1. PLACE OF DEATH	9200
County Howard	Registration Dist. No. 190
Village or City Handrer	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME William Michael	as Boswell
(a) Residence: No. Hanner Rd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Hele Meta allen	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 29-188	I last saw have alive on land 20, 19.7. death is said
7. AGE Years Months Days If LESS than	lo have occurred on the date stated above, at 12.35 m
5-5 11 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or parlicular	Myocan dral degeneration
kind of work done, as SPINNER Straw Hot block SAWYER, BOOKKEPER, etc.	Metral Closufficien 1931
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	a decomposition / Oct 3
kind of work done, as SPINNER Shawer below here he SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (moptly and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Elands	Other Contributory Causes of importance:
(State or country) forward & Mad	The said Delaite
13. NAME Richard allen Berewell	
13. NAME Rechard allen Horverell 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Heart & Lungwas there an autopsy?
15. MAIDEN NAME Many Roberts Short	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Robert Short 16. BIRTHPLACE (city or town) Horrisons (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lovaine Comeley Date Jan. 23, 1937	Nature of Injury
19. UNDERTAKER Carfe + Stiffler (Address) Elfridge md.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED Jan. 22, 183 This Registrar.	(Signed) Phlancon M. D. (Address) 9 1/2 200
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes is follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BATT	I week ago
Chronic interstitial nephritis	1921	Run over by street car	EEB 3 1831	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		adays ago
			G3A13033	t de
Other contributory causes of importance:		Other contributory c	auses of importance:	1000
Gallstones	May 1,1923	23 Gastroenteritis		1 year

jan.	11	1	
1	6)	8	3
U	W	7	-

I PLACE OF DEATH		***************************************	(P72)
County Howard			Registration Dist. No. 191
Village or City Elkridge	Md. (C	utside)	ND. St. Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	teath occurred	yrsmos	14 ds. How long in U. S. If of foreign birth?
2. FULL NAME TOTAL	t BY	100000	If U. S. Veteran, specify WAR
(a) Residence: No. Elkric		(Outside	
(0) 110111111111111111111111111111111111	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
M C	Sir	igle	(Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY! That I attended deceased from
(or) WIFE of			I HE LEST CERTIFY THAT I MEMBER DECEASED FROM
Unknown approximat 6. DATE OF BIRTH (month, day, and year)	ely ₁₉₀₀)	i last saw h and a last sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9 17 m.
36		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular		, orange in the	Homecial Caused Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	3	Leve our shot wound
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. It base decaased last worked at this occupation (month and a second			
SAW MILL, BANK, etc.			
	y spe	ime (years) nt in this Life	
year) 1-0	occ	upetion LITE	Other Contributory Canaes of importance:
12. BIRTHPLACE (city or town)			Internal Hemorrhage
(State of country)	nown		
13. NAME Unkt	nown		
14. BIRTHPLACE (city or town)			Name of operation Data of
(State or country)			Whet test confirmed diagnosis? Was there an autopsy? The
置 15. MAIDEN NAME Unki	nown		23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Unkt			Accident, suicide, or homicida? Nouselloate of injury 1- 9 1937
≤ (Stete or country)			Where did injury occur? Elkrickie, Accorded Co. md.
This party found de	ead and	no authe	TILC (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) lished.	:outune	es.cau	else Home
18. BURIAL, CREMATION, DR REMOVAL			Manner of Injury Lun Shot much les I Perend
Plece St. Stepens	Date 1-]	.5 ,19 37	Nature of injury of internal / demarking
19. UNDERTAKEF. C. Higinboth			24. Was disease or injury in any way related to occupation of deceesad?
(Address) Ellicott	City.Md		If so, specify
Λ	20	4 1	(Signed) Law From Lon accting Cours
20. FILED 1 asy 14, 1937	jus 10.6	Long man	Comment of the second of the s

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

mation should be carefully supplied.

PHYSICIANS should state RECORD. Every item of infor-

stated EXACTLY. IS A PERMANENT

classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

AGE should be

certificate. properly

Jo

See instructions on back

MARGIN RESERVED FOR BINDING

OCCUPA.

Exact statement of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	įį	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1937 11	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnous County 72 Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Lawrs. How long in U. S. if of foreign birth? yrs. mos. ds. (a) Residence: No. (Usual place of about If nonresident give city or town and State PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. EBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months **Oays** If LESS than to have occurred on the date stated above. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this that occupation. instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?_____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?____ Date of Injury______19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased?_ 19 UNDERTAKER (Address) If so, specify ORegistrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of a portane Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

FOR BINDING

IARGIN RESERVED

item of infor-

OCCUPA-

of

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County Howard	Registration Dist. No. 191
Village or City F17#cott City, Md	No C+ Word
Length ot residence in city or town where death occurred yrs. L11188	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Annie M Collier	If U. S. Veteran, specify WAR.
(a) Residence: No. Ellicott City, Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH January 5 193 7 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of John M. Collier 6. DATE OF BIRTH (month, day, and yeer) March 2,1850	22. HEREBY CERTIFY. Thet I attended deceased from 1934, to James 3, 1937.
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5.40.AM
86 10 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and a control of this countries).	My ocarditi: 2 yaus.
10. Data deceased last worked at this occupation (month end year) 11. Total time (years) spent in this Life	
12. BIRTHPLACE (city or town) Ellicott City, Md (State or country)	Other Contributory Causes of Importance:
当. NAME Issac Strawbridge	
13. NAME Issac Strawbridge 14. BIRTHPLACE (city or town) (State or country) Maryland	Nama of operation

19. UNDERTAKER F.C. Higinbothom Jr. (Address) Ellicott City, Md.

St. Johns Cem.

18. BURIAL, CREMATION, OR REMOVAL

20. FILED Jan 7, 1937 John B. d

Inghan.

1-8-37

24. Was disease or injury in eny way related to occupation of deceesed?

23. If death wes due to axternal causes (VIOLENCE) fill In also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Accident, suicide, or homicide?

Whera did injury occur?

Manner of injury

Nature of injury

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		COMPANY CONTRACTOR DESCRIPTION	

2

BINDING

FOR

MARGIN RESERVED

OCCUPA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic intensities and intensities are also an intensities and intensities a	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFB 9 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN
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V. S. No. 1

1. PLACE OF DEATH		(210 m)	
County Howard		Registration Dist. No. 191	
Village or City West Friend	ship	No. St.,	Ward
Length of residence in city or town where death occur		death occurred in n hospital or institution, give its NAME instend of street and	
100 01 B	10.	↑	100
2. FULL NAME Wattale 15	deran	If U. S. Veteran, specify WAR	
(a) Residence: No. Fart Nawar	al place of abode)	St., Ward.	d State
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	3 Diale
	E, MARRIED, WIDOWED,	21. DATE OF DEATH	
	YORCED (wrige the word)	1 /	. 193 7
5a. If married, widowed, or divorced	unge	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended	deceased from
(01) WITE 01		Mugionia.	, 19
6. DATE OF BIRTH (month, day, and year) July	9,1904	Hast saw house A Carel 1-1 1937	Z: death is sald
	eys If LESS than	to have occurred on the date stated above, at 1:22 Pm.	
32 5 2	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	Pelina.	Fractured Skull	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end.	-caco	-	
work was done, as SILK MILL, M.S.	army		
10. Date deceased last worked at 11	. Total time (years)		
this occupetion (month end /-/-31	spent in this occupation		
12. BIRTHPLACE (city or town) Nopervood (State or country)	1	Other Contributory Causes of importance: auto accedent	
13. NAME	val		
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of Country)		What test confirmed diagnosis? Was there en	eutopsy? Zeo-
표 15. MAIDEN NAME		23. If death was due to external causes (VIOLENCE), fill in elso the followin	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Occupent Date of Injury 1-	1 1937
≤ (State or country)		Where did injury occur & Reliest Freedoling, Kour	raid Co, In
17. INFORMANT Company C 12. (Address) 7 mil Hawas	the luf.	Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC PL	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL	e no	Manner of injury auto accelerat	
Piecelleroulowa Par Dete	1-5 1937	2 T 1 PD 00	
Robert Brooks, +	Kan	Neture of injury Truckured Skull	7
19. UNDERTAKER TO Nig -ubal	rain)	24. Was disease or intery in any wey related to occupation of deceased?	us
(Address) Ellusti City	in sp	If so, specify	uest/
20. FILED Jan 2, 1937 John	3 Foughan	(Signed)	The same
	Registrar.	(Address) of Children May	W/V
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 3 937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYDDITIONS	OI AUL	TOTE	T. O IV TITITIO	O T LY THINK IN TO	17.3	A AA I OLUMBAA

1 PLACE OF DEATH

C	County	Howard	ntvotoroisadalaga	(132)	CERTIFICATE	OF DEATH Dist. No. 19
Vill		ty Ellicott C	ity (No)	New Cut Road lenn		598
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
	male	4 color or race	5 SINGLE, Marri MARRIED, WIDOWED OR DIVORCED (Write the word)		January (Month)	(Day) (Year)
6 D	ATE OF B	IRTH		1/11	37 192 to 1	1 -177
		Decembe:		that I last saw h	im alive on	19. 137, 192
A	GE	52 vr. 1	lf LESS	than The CAUSE OF DI	a a //L	perhase
) (I	b) General usiness, or which emplo	oyed or (employer) country)	Watchman	Contributory A	(Duration)	yrs. mos. do
RENTS	12 MAIDI	Alex Alex APLACE ATHER e or country) EN NAME	thuanian ander Glenn thuanian	Violent Causes,	(Address) 3.7/ Disease Causing Death, state (1) Means of Injectal or Homicidal.	or, in deaths from ury; and (2) whether
Va.	13 BIRTI OF MC (Stat	IPLACE OTHER te or country) []	thuanian	ients, or Recent At place of death yrs	Residents) In the mos da. State	ttals, Institutions, Trans-
N	(Informan	Mrs Ames		Former or usual residence	£	200 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
ā F		20, 1937, Joh	Rd, Ellicott, In B. Loughe	Md. New Cati	Cowan & Son	DATE OF BURIAL 1 / 22/,19.37 ADDRESS 901 Hollins 5

604

STATE OF MARYLAND

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fumess of various pursuits can be known. The ques culation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine. etc. Wom. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer tired 6 yrs.). business, that fact may be indicated thus: Farmer (re or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed work, or At Home, household only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foreman, (b) Automobile factory. whatever, write None. Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation and children, not gainfully em-The material

EASY OAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal feer (the only definite synonym is "Epidemic cerebrosim Omeningitis") is "biphtheria (avoid use of "Croup"); uphoid fever incide report "Typhoid pneumonia"); Lobid pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles: (disease use of "Tumor" for malignant neoplasms); Mcastes; symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rbage," "Inanition." "Marasmus," "Old Age," "Shock,"(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need; not be Whooping cough; Poisoned by carbolic acid-probably suicide. The na--accident; Revolver wound of head-homicide; For (e.g., sepsis, tetanus) may be stated under the "Debility" VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is nermanently filed.

the certificate is permanently filed.



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PL E	should	OF	ver
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT LECAPD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE O	F DEAT	гн			93-20	
	County	Howar	cd			Registration Dist. No	91
	Village or C	ity. Mar	riotts	ville, M	đ. (If	No. St., death occurred in a hospital or institution, give its NAME instead of atreet as	Ward number)
	Length of resi	dence in cit	y or town where o	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2	2. FULL NA	ME. Lo	la May	Harris	on	1f U. S. Veteran, specify WAR	
	(a) Residen	ce: No1	Marriot	tsville (Usual place	, Md . of abode)	St., Ward. If nonresident give city or town a	and State
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex F	4. COLOR	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Jan. 1 (Month) (Day)	, 193. 7
5a.	If married, widow HUSBAND of (or) WIFE of		rced arrison		4	22. I HEREBY CERTIFY, That i attend	
6.	DATE OF BIRTH	month, day	and year) Ma	r. 22.1	882	I last saw h.er. alive on Jan. 1 19.3	
-	7. AGE Years Months Days				If LESS than	to have occurred on the date stated above, at 7 45 AM	
		54	9	9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
LION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc						Date all onset
OCCUPATION	9. Industry or work wa SAW MII	business in s done, as S L, BANK, e	which ILK MILL, tc			Acute Myocarditis	1-1-37
00	10. Date deceas this occu year)	nation / man	ked at oth and 1-3	001	time (years) nt in this upation		
12.	BIRTHPLACE (ci					Other Contributory Causes of Importance: Arthritis	
_	(State or cou		Maryla				
FATHER	13. NAME		Martin				
FAT	14. BIRTHPLACE	(city or to	wn) Maryl	മെർ		Name of operation Date o	
						What test confirmed diagnosis? Was there	n au opsy?
MOTHER	15. MAIDEN NA 16. BIRTHPLACE (State or		Mary Mi wn)	yland		23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	, INFORMANT	Mo. H	arrisor	i dlle,Mo		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18.	DUDIAL ODENAS	HOM OR D	FAROMAL		-3- _{,19} 37	Manner of injury	
19	UNDERTAKER _ [F.C.H E11	iginbot	hom, Jo		24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20.	. FILEDV	, 1	9		Registrar.	(Signed) fina or human (Ardress Ellicatt City, Md.	, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Au	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis (7)	1 year
		. 8./	

OCCUPA-

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Data of onset

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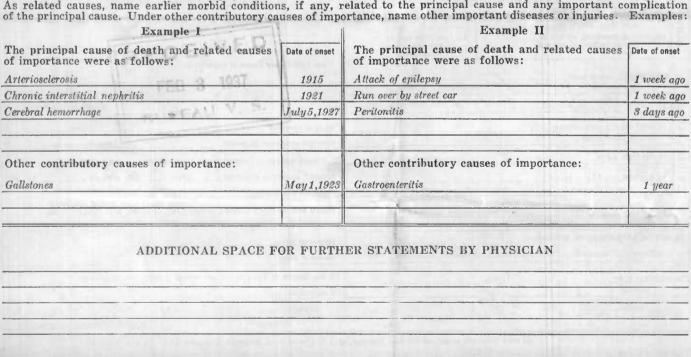
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Idoward	Registration Dist. No.
Village or City actalton, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Course Jack	If U. S. Veteran, specify WAR
(a) Residence: No. athalton , Sud (Usual place of abode)	St., Ward. If nonresident give city or lown and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
0 , ,	19 7, to fam 26 , 1927
6. DATE OF BIRTH (month, dey, end yeer) Sept 5, 1936	I Jast sew her elive on 1931; deeth is seid
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence
8. Trede, profession, or perticuler	were es follows: Date of onset Thereby (mumme
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupetion (month end yeer) occupation	
yeer) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) - Mary Lauel (Stete or country)	
13. NAME Workington Jackson	
14. BIRTHPLACE (city or town)	Neme of operation
(Stele of country) aurguille	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Edua Harris	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dete of injury19
(State or country) Maryland,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. Jackson (Address) Jackston , mot.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place December 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Menner of injury
19. UNDERTAKER F. Reguelathous grand (Address) Elected peter selections	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED M. 22, 1937 A & Mc Registrar	(Signed) (La Vaclation M. D. (Address) (Address) Market alla ma)
Registrar.	(nuuress)

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	Example 1	1	Example 11	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis CCD 0 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	613-41 V. B.			
	The state of the s			
Other contributory	causes of importance:	SHE PAL	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

_	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	PLACE OF DEATH	48)
	County Howard	Registration Dist. No.
	Village or City May feeld	No. Treatment Ma. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
		deal declared in a hope as of institution, give its 14AME integer of street and number) ds. How long in U.S. if of foreign birth?
2	FULL NAME // Jary December //	Lersel If U. S. Veteran, specify WAR
	(a) Residence: No. Trefficient (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	4 COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIRECTOR OF DIVORCED ("write the world) If married, widowed, or divorced /	21. DATE OF DEATH (Month) (Day) 193 (Year)
18.	HUSBAND OF MOTOR OF THE	22. I HEREBY CERTIFY. Thet i attended deceased In
6. I	ATE OF BIRTH (month, day, and year) aug - 25, 1880	I last saw h. 12 alive on A len 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. A	GE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 1.0.5 fm.
	56 4 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
2	8. Trade, prolession, or particular kind of work done, as SPINNER, Louise Wifs, SAWYER, BOOKKEEPER, etc	Date of laturas 193
OCCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
200	10. Dete deceased last worked at this occupation (month and year)	
- '	Horard Co.	Other Contributory Causes of Importance:
12.	(State or country) Ory Corre	
2	13. NAME TERBOLITER ALLE	
	14. BIRTHP(ACE/city or town) I reduce (Co	Neme of operation Date 01
2	(State or country) may luce.	What test confirmed diagnosis?
2	15. MAIDEN VAME Mary Barrick	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
M C	16. BIRTHPLACE (city or town) Trederick Co.	Accident, suicide, or homicide? Dete of injury19
Σ	(State or country) Many Land	Where did injury occur?
17.	INFORMANT (Address) Elle & Color MAD	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL CREMATION OR REMOVA	Menner of injury
	Place of Die Cla Dete Au 1 1936	Neture of Injury
19.	UNDERTAKER Kastoy South	24. Wes disease or Injury In any way related to occupation of deceased?
20	FILED Jaw 6, 1937 alice It Hoth Registrar.	(Signed) (Address) Cash Caralda VIII

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB V.S			
Other contributory chuses of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ill.			

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYLAND-	-CERTIF	CATE	OF	DEATH
	- "			–		

608

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Howard	Registration Dist. No. 145
Village or City Friedman Savage	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Illianie Befor /	LUNCY If U. S. Veteran, specify WAR
(a) Residence: No. Alelquees of Rd.	St. Ward.
(Usual place of Albode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEV. 4. COLOBOR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (white word)	21. DATE OF DEATH JULY 1
made water willow	(Month) (Day) (Yaar)
5a. If married, widowad, or/divorcad HUSBAND of	
(or) WIFE of / well Murray	22. HEREMY CERTIFY, That I attended dacaased from
100 30 1971	Jan. 17 137 17 ay 24 = 1921
6. DATE OF BIRTH (month, day, and year)	I last saw h is alive on fam. (1242, 1931; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at
60 - 65 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows: Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER	
SAWYER, BOOKKEEPER, etd. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data dacaasad last workad at this occupation (month and this propagation (month and senent in this.)	M. Reguels with ?
9. Industry or business in which work was done, as SILK MILL leftons teres	14 400
10. Data dacaasad last worked at 11. Total time (years) 7	() produces v
this occupation (month and spent in this occupation	
Le la	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stata or country)	thyonas lites.
	14.06
14. BIRTHPLACE (city or town)	751
4 14. BIRTHPLACE (cily or town) (Stata or country)	Neme of operation Dete of
	Whet test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Steta or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MAN MAULING Nary (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Placa Affaul Cklll Date All : 6 , 190	Natura of injury
Buston Laren	24. Was diseasa or injury in any way ralated to occupation of decaased?
19. UNDERTAKER COLLEGE (Address)	If so, specify A
I la la maria la sel il	(Signed) Manh Shilley M.D.
20, FILED 1 72 6 137 19 Warren Registry	(Address) Savage . \ Lut.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
And the state of t			

N. B.

1	S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	19 = 16 1
1	. PLACE OF DEAT	н /	9			603
	County Ho	ward			Registration Dist. No.	
	Village or City	Matir	enlle		NoSt.,	Ward
	Length of residence in city	y or town whare da	meth occurred)	death occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. If of foreign birth?yrsme	
2	. FULL NAME	Mach	in Ulu	mas	If U. S. Veteran, specify WAR	
	(a) Residence: No	Ma	tusnil		St., Ward.	
-	PERSONAL ANI	DETATION	(Usual place o		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.		OR RACE	5, SINGLE, MARR		21. DATE OF DEATH	
-	Temale 21	hit;		(write the word)	January 31	, 193_7
5e.	If merried, widowed, or divor	ced	may		(Month) (Oay)	(Yéar)
	HUSBANO of (or) WIFE of	and H.	Chur	nas	22. I HEREBY CERTIFY. Thet I ettended	deceesed from
	DATE OF BIRTH (month, day	and year)	1		7 31	: deeth is seid
	AGE Yaers	Months	Oays	If LESS than	to have occurred on the dete steted above, et 3-212m.	
	69			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:	Oate of onset
z	8. Trade, profession, or pa	rticular	11	/		2
OCCUPATION	SAWYER, BOOKKEE	PER, etc.	House	roops	Rheymatic heart	
UPA	9. Industry or business in work wes done, es S SAW MILL, BANK, e	Which ILK MILL,	Turn	home	(myocarditis)	
S	10. Deta deceased lest wor	ked et	11. Total tir	ne (years)	Chrone myocarditise Certa Co.	-
0	this occupetion (mon year)		ocsu	t In this pation	Descation : Ten gears.	-
12	. BIRTHPLACE (city or town).	Howa	nd Co.		Other Contributory Causes of Importance:	1936
	(State or country)	-	md.			/
IER	13. NAME Us	bury	mull	inix		
FATH	14. BIRTHPLACE (city or to	wn) Ab	ward,	6,	Neme of operation	
-	(Stete or country)	1	ma.		Whet test confirmed diagnosis? Wes there en	autopsy? 10
MOTHER	15. MAIDEN NAME	Mary,	Ellen	Smith	23. If death wes due to external causes (VIOLENCE) fill in also the following	{ :
101	16. BIRTHPLACE (city or to	wn)	toward	A :	Accident, suicide, or homicide? Date of injury	, 19
-	(State or country)	. / /	all lil	•	Where did injury occur?(Specify city or town, county and Sta	te)
17	(Address)	hard	W. Co	my 7	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OR R	EMOVAL	1-11		Menner of injury	
	Place ATWAND	Chapel of	Note Test.	2 ,1937	Neture of Injury	
10	UNDERTAKER 2.9	M. 91/20	Its.	,	24. Was disease or Injury In any wey related to occupetion of deceesed?	no
19	(Address)	Wins	Well h	rs.	If so, specify	
20	FILEDIAL - 2	37 E.	Peaul	Mercio	(Signed) Stauly Fratel	M. 0
20				Registrar.	(Address) havaing,	res

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAR 2 1937	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city/or town where death occurred How long in U. S. if of foreign birth?_____yrs.____mos.____ds. PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OK DAVORCED (white the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended daceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at -hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or A min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11, Total time (years) this occupation (month and spent in this occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation ... plain (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was dua to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?_______ Date of injury________19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the state of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			141

D		ATH /	CE OF DEA	1. PLAC
Registratio	rand	Am	nty	Count
No	agl .	Sav	age or City	Villag
death occurred in a hospital or institution, give its NA			dh of seeldoon to el	Louist
ds. How long In U.S. if of foreign birth?	eath occurred yrsmos	city flown where d		
	m quine	· /vga	L NAME	2. FULL
St., Ward.	(Usual place of abode)	V	Residence: No	(a) R
MEDICAL CERTIFICA	CAL PARTICULARS	ND STATISTI	RSONAL AN	PER
21. DATE OF DEATH	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	LOR OR RACE	4. COLO	3. SEX W
(Month)	Georgee	ivorced	ed, widowed, or divo	5a, If married
22. I HEREBY CERTI	00	V	ND of	(or) WIF
I last saw h alive on	124137	day, and year)	BIRTH (month, day	6. DATE OF I
to have occurred on the date stated above, at	Oays If LESS than 1 day. O. hrs. or O. min.	Months	Years	7. AGE
Were as follows.	1 01-0-11111.	e, as SPINNER,	de, profession, or pa kind of work done, SAWYER, BOOKKEE	O · ki
Stillbow		in which	ustry or business in work was done, as S SAW MILL, BANK, e	9. Indus
	11. Total time (years) spant in this occupation	vorked at	e deceased last wor this occupation (more year)	10. Date
Other Caatribatory Causes of importance:		u	LACE (city or town)	12 DIDTUDE
	Λ	n)	te or country)	
	Oumlan	ras. a.	ME V	13. NAME
Name of operation	1 Pa		THPLACE (city or to (State or country)	
23. If death was due to external causes (VIOLENCE	White	alree	DEN NAME	出 15. MAID
Accident, suicide, or homicide?	ud:		THPLACE (city or to	6 IG. BIRTH
Where did Injury occur? (Specify city Specify whether injury occurred In INDUSTRY, In	inlan	a. 9 m	ANT Jus.	17, INFORMAN
Manner of Injury	Date 1/2 4/379	REMOVAL	CREMATION, OR R	
24. Was disease or injury In any way related to occ	ulan acting	a. Oni	^	19. UNDERTA
(Signed)	inh Shigley.	19 File	24(37	20. FILEO

Date of onset

STATE OF MARYLAND-CERTIFICATE OF DEATH

ME instead of street and number) ._____yrs._____mos.____ds.

OF DEATH

nt give city or town and State

FY. That I attended deceased from

A . m.

uses of Importance

---- Was there an au'opsy? 10.

fill In also the following:

Date of injury_____, 19____

or town, county and State) IOME, or In PUBLIC PLACE.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example-I-	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB A 3997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
La contraction of the contractio			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones*	May 1,1923	Gastroenteritis	1 year

or furth	ER STATEMENTS BY PHYSICIAN	
	OR FURTH	OR FURTHER STATEMENTS BY PHYSICIAN

County Howard	(31) Registration Dist. No. 193
Village or City Liston	NoSt.,War. (If death occurred in a hospital or institution, give its NAME instead of street and number)
14/	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Joseph Edward Sh	issless If U. S. Veteran, specify WAR
(a) Residence: No. Listone	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
6a. H married, widowed, or divorced HUSBAND of (ar) WIFE of Deborah a. Shipling	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Feb 21, 1852	l last saw himalive on 19 30; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 2 4 m.
84 11 2 1 day,hr	THE FRIEDRAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, Carpender SAWYER, BOOKKEEPER, etc.	Oronia Rudocos dilia Date of onse
9 Industry or business in which	Muster Oscitis
work was done, as SILK MILL, SAW MILL, BANK, etc	- Chronic me societies Dunation ; not stated
10. Data daceased last worked at this occupation (month and spent in this occupation contact of this occupation.	Cut R,
12. BIRTHPLACE (city or town) - Howard Co. (State or country)	Other Contributory Causes of importance: Chronic heart trouble, with asciteste.
13. NAME Joshala Shireles	
14. BIRTHPLACE (city or town) Armand Co.	Name of operation Novel Date of Date of
(State of Country)	What test confirmed diagnosistly vertex diagnosistly vertex was there an eutopsy? 22
15. MAIDEN NAME Margaret Leishear	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballissier Co	Accident, suicide, or homicide?
17. INFORMANT Miss Deforal a Shiplus	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (Zesten med.)	
18. BURIAL, CREMATION, OR REMOVAL Place MC. Kendre Centre Jan 26, 193	Manner of Injury
19 UNDERTAKER C. M. Walls	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wandield	If so, specify of and
20, FILED 1/24 1937 E. Paul Mercier	(Signad) 9 M.

WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PL. V. S. No. 1 ż

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-

FOR BINDING

properly classified.

D. Every item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINERAU V. S	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

	33.	a	-	3
-81		- 15		7
т)	- 1		3
w	- 7	-1	- 15	3
	1	-04		

1. PLACE OF DEATH	(37)		
County Haward	Registration Dist. No. 191		
Village or City Elleatt City, nel.	NoSt. Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where deeth occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Joseph H & hiple	Jf U. S. Veteran, specify WAR		
(a) Residence: No. / Ellicott City, med. (outside Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
m or DIVORCED (region the word)	(Month) (Day) (Year)		
5a. If merried, widowed, or divorced	(month) (bay) (year)		
HUSBAND of Corp WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
	Lept 30 ,1936, 10 Gaw. 23 ,1937		
6. DATE OF BIRTH (month, dey, and year) Que . 3, 1860	I last saw h_1 171 alive on d 3, 19 3 7 ; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:40 Pm.		
76 5 21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:		
9 Trade profession or particular	nephritis. Date of onest		
SAWYER, BOOKKEEPER, etc. 2 armer	Costities Sent 30:36		
9. Industry or business in which work wes done, as SILK MILL,	Benign Prostatic Sypestroply Byt -?		
	- partition to a property of the state of th		
10. Dete deceased last worked at this occupation (month and 6/1936 spent in this 25 terms			
year) occupation 23	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	Other Countributory Causes of Importance.		
(State or country) Mary Laured			
13. NAME Thos. Shepley.			
13. NAME Thoo. Shepley 14. BIRTHPLACE (city or town)	Name of operation Castostomy Dete of Casual 1936		
(State or country) Mary Care.	of clinical segmo.		
15. MAIDEN NAME OLIVER A CONTROL			
E Canal & Inches	23. If death was due to external causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town) (State or country) May Caul.	Accident, suicide, or homicide?		
. 0 / / /	Where did injury occur? (Specify city or towo, county and State)		
17. INFORMANT Miss Ella Jucker.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
(Address) Elecate City - mel, 18. BURIAL, CREMATION, OR, REMOVAL			
Place St Johns. Date 1-26,137	Manner of injury		
	Neture of injury		
19. UNDERTAKER J. C. Negrabalhous 7.	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Elluft City Mil	If so, specify		
20. FILED Jan 2le, 1936 John B. Longhan	(Signed) Swige & Sungton M. D.		
Registrar.	(Address) (Clips City, Wd.		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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FILVE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	